

CLAIMS ONLY	Application Number	Filing Date
	10/707393	
	Applicant(s)	

10/707393

**Filing Date**

Applicant(s)

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	/					
2		/				
3		/				
4		/				
5		/				
6	/					
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49						
50						
Total Indep	4					
Total Depend	10					
Total Claims	14					

May be used for additional claims or amendments

	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep						
Total Depend						
Total Claims						